

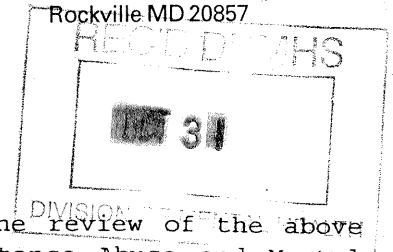


DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental
Health Services Administration

1 SM57471-01 P
Beth Tanzman
VT Dept. of Health
103 South Main St.
Waterbury, VT 05671-1601

Center for Mental Health Services
Center for Substance Abuse
Prevention
Center for Substance Abuse
Treatment
Rockville MD 20857



Dear Applicant:

Enclosed is the summary statement and priority score from the review of the above identified grant application that was submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA). The application was reviewed by an Initial Review Group (IRG) of external experts using the review criteria contained in the announcement to which you responded. The information provided in the summary statement is the recommendation of the IRG, and includes an assessment of the Project Narrative, Budget, and SAMHSA Participant Protection and Confidentiality sections of your application. This letter is NOT a notification of funding.

All applications receive a priority score; the range of scores are 0 - 100. A score of 100 is the best, with the quality of the application diminishing with a decrease in score.

The following description provides guidance on how to interpret the score:

- * 90-100 represents outstanding: thorough, comprehensive, and clear
- * 80- 89 represents very good: clear, with several aspects thorough and comprehensive
- * 70- 79 represents acceptable: less than fully comprehensive and generally adequate
- * 60- 69 represents marginal: less than adequate and minimally responds to requirements
- * 0 - 59 represents unacceptable: does not clearly meet overall minimal requirements

Funds are not always available to make awards for all applications receiving a favorable score. Should a decision be made to fund your project, you will receive an official "Notice of Grant Award" notification from SAMHSA Grants Management Office.

If you have any questions concerning prospects for funding, please contact the program person named in the grant announcement. If you have questions regarding the IRG's review of your application, please direct them to the SAMHSA Review Office at 240-276-1199.

Thank you for your interest in the programs of SAMHSA.

Sincerely yours,

Crystal C. Saunders
Crystal C. Saunders
Director
Office of Review

SUMMARY STATEMENT
(Privileged Communication)

Review Group: ZOA1-MHS-A-O5-S
Meeting Dates: IRG: October 2005

Application Number: 1 U79 SM57471-01
Requested Start Date: 10/01/2005
Anticipated Council: October 2005
SM05-09 MHT-SIG

Tanzman, Beth
VT Dept. of Health
103 South Main St.
Waterbury, VT 05671-1601

Project Title: Building Bridges: Vermont's Mental Health Transformation Initiative

IRG Action: Scored (SC) Priority Score: 78

Participant Protection: 36 IRG Comments

PROJECT YEAR	REQUESTED	RECOMMENDED
Yr 1	\$2,953,328	\$2,953,328
Yr 2	\$2,952,906	\$2,952,906
Yr 3	\$2,952,729	\$2,952,729
Yr 4	\$2,951,306	\$2,951,306
Yr 5	\$9,951,096	\$9,951,096
<u>TOTAL</u>	<u>\$21,761,365</u>	<u>\$21,761,365</u>

* Note: The Requested and Recommended Levels are Direct + Indirect Costs. The Recommended Level is used if approved for funding.

Mental Health Transformation State Incentive Grants (SM 05-009)

Application Abstract

Vermont's mental health transformation initiative, *Building Bridges*, is designed to take on the fundamental challenges to mental health transformation. Vermont proposes to use this unique opportunity to create a sustainable national model that integrates the following groups that have traditionally been bifurcated: mental health care and physical health care, the public system/finders and the private system/finders and consumers and providers.

Vermont will design and implement a Mental Health System Transformation Plan that will ensure Vermonters' mental health needs are addressed through robust and responsive organizational and delivery systems that are firmly grounded in the six goals of the New Freedom Commission, while tailored to Vermont's unique landscape and our vision for bridging the mental/physical health, public/private and provider/consumer divides.

Our vision is that Vermonters will experience a "cohesive, inter-connected, consumer and family-driven set of structures and services that focus on the health and well-being of the whole person." We will create a system where:

- > Health promotion, prevention, and early intervention are an integral part of the system of care
- Consumers and families experience every interaction as part of an integrated whole
- > Consumers and families covered by public or private payers can choose from a similar range of high quality evidence-based practices, emerging best practices and values-based practices
- > The culture is one of hope based on recovery and resilience that respects, listens to, and takes direction from consumers and families
- > Communities welcome all members and there is a place for everyone

Led by Governor James Douglas, Vermont has recently embarked on profound system reform efforts in health care and social services, guided by principles similar to those that drive this initiative. *Building Bridges* is intentionally designed to align with these efforts: the Transformation Working Group will have six working groups that reflect the focus areas of Vermont's new State Health Plan and the *Vermont Blueprint for Health*, Vermont's major initiative to integrate health care, partner consumers and providers, and activate communities for a healthier Vermont. At the regional level, *Building Bridges* will be coordinated with the new structures that are charged to collaborate across systems on behalf of the well-being of families and individuals, with an emphasis on prevention, early intervention, and strengths-based, consumer-driven services and supports. Consumer and family involvement is a driving force throughout Vermont's vision for mental health system transformation, from the development of this proposal through every aspect of project planning, implementation, and evaluation activities.

Application Overview

This application received a comprehensive review by a SAMHSA Peer Review Committee. The Review Committee assessed the merits of the application as follows:

Section A: Statement of Need

Strengths

The applicant organization clearly articulates its values and vision statements; it establishes a strong the commitment to connect physical health care to mental health care as well as the private and public. The applicant organization's interpretation of the New Freedom Commission Report fits well with its vision statement.

The applicant organization uses a life span approach to transform its Mental Health System; it includes children, adolescents, adults and older adults. For example, it recognizes the older adult population and their special mental health needs.

Weaknesses

The applicant organization speaks in terms of the "small minority population" and "building cultural competency into agencies, organizations and community unused to dealing with diversity", but it does not adequately discuss Vermont's socioeconomic factors.

The applicant organization does not adequately describe the current stakeholders; for example, it includes private insurers on Transformation Working Group (TWG) but provides insufficient data on those insurers' behavioral health resources or expenditures. Thus it is impossible to assess the interrelatedness of the public and private dollars.

Section B: Proposed Approach: Organizational Structure

Strengths

The applicant organization presents a TWG structure and membership that is exemplary. The President of the State Senate has agreed to serve on TWG. The organization structure of the State appears to be lined up to create the change and the person assigned to the TWG can create the changes necessary to transform the system.

The applicant organization describes how existing State Mental Health Planning and Advisory Councils will be an integral part of the process of transformation and will work in partnership

with the Transformation Working Group. It describes the use of the State Mental Health Planning and Advisory Councils, and other departments and divisions.

The applicant organization clearly identifies all the mandatory organizations for the Transformation Working Group. Additionally, the TWG contains the four private insurers, the Veteran's Hospital, and consumer advocates NAMI and NAMH.

Weaknesses

The applicant origination does not clearly indicate that the TWG will be representative of the racial/ethnic diversity of the State, which is 97% Caucasian. Further, it does not adequately explain how issues of diversity and cultural competence will be addressed.

Section C: Proposed Approach: Strategy

Strengths

The applicant organization convincingly establishes that it developed the application with input from a large stakeholder group that included consumers, family members, recovery professionals and advocates. Letters of participation indicate that these consumers/family members will also serve on TWG.

The applicant organization clearly states how the Transformation Working Group Chairperson interfaces with the Chief Executive and with the TWG participants.

The applicant organization fully describes the process by which it will ensure that providers develop, in full partnership with consumers and family members, individualized plans of care that will improve service coordination, help people make informed choices, and ultimately achieve and sustain recovery. For example, consumers and families will have input into the process of developing individualized plans of care and then the follow through to the development of standards by which primary care physicians will use coordinated care plans to treat both mental and physical health appears to be well thought out and has the possibility for success

Weaknesses

The applicant organization does not clearly delineate youth's involvement in the preparation of the application, or describe how youth, and adult consumers and their families will be involved in developing, implementing, evaluating, and sustaining the Comprehensive Mental Health Plan.

The application includes a Needs Assessment and indicates that it will expand upon the Needs

Assessment and Inventory of Resources but does not adequately indicate the areas that need to be addressed to insure that the Inventory will detail the mental health and related resources (e.g., people, programs, policies, funding, equipment, facilities, etc.) of each department/agency/office represented in the Transformation Working Group

Section D: Proposed Approach: Sustainability

Strengths

The applicant organization proposes to sustain the strides made with training and technical assistance and with data and evaluation.

Weaknesses

The applicant organization appears propose the creation of a single Individualized Service Plan that is holistic and blends funding sources. It does not provide convincing evidence that this project will be able to sustain a seamless process after the grant period ends.

Section E: Staff, Management, and Relevant Experience

Strengths

The applicant organization proposes a TWG Chairperson who appears to be a strong and dynamic leader, well positioned to lead a successful transformation effort.

Weaknesses

While the applicant organization identifies the specific people who will participate on the Transformation Working Group and provides their levels of effort, it does not thoroughly describe the qualifications the role of each, their level of effort and qualifications, and evidence of their commitment to transformation.

The applicant organization indicates that the TWG will include two youth representatives with 5% effort; this appears to be an insufficient representation for youth in the transformation effort.

The applicant organization presents a timeline that may not be realistic. For example, staff must be hired and trained and yet the timeline indicates that statewide resources and assets inventory is to be delivered two months after staff is hired.

Section F: Evaluation and Data

Strengths

The applicant organization clearly establishes that Vermont has substantial capacity for collecting and analyzing quantitative service data to assess service utilization across domains such as education, Veterans services, primary care, and others.

The relationship between the project design and an ongoing continuous quality improvement approach is described and clearly explained.

The applicant organization provides a very strong outcome evaluation component.

Weaknesses

The applicant organization does not clearly articulate how data will be collected from Limited English speaking populations, impaired populations, or persons with low literacy levels.

While the applicant organization identifies an evaluation team, it does not clearly identify the personnel who will be responsible for GPRA. It also does not include biographical sketches in Section I and letters of commitment in Appendix 1.

Assessment of Cultural Competency

The applicant organization states that 97% of the state is Caucasian. It does not adequately take into consideration the needs of the rural population in the Northeast Kingdom, the limited English speaking population, issues of acculturation, or issues of sexual minorities. It does however; mention the existence of a diversity leader who will work twenty percent of the time on this project to ensure diversity and cultural issues are addressed.

Summary

The applicant organization as presented offers a strong response to the RFA. Specific strengths include an impressive roster for the Transformation Working Group, buy-in from private insurers and strong involvement of parents and consumers. It also establishes a strong commitment from the Governor, state agencies, public health organizations, and physicians. A dynamic leader is identified and appears to have the talent and dedication to compete this task.

The weaknesses include a lack of clarity on linguistic and cultural issues among Vermont's residents and an inadequate discussion of how such issues will be addressed in the transformation effort. There is also an inadequate discussion of the proposed staffing pattern, which includes fifteen professional staff.

Budget and Participant Protection/Human Subjects Overview

Budget:

The Committee reviewed the budget and noted that the applicant organization did not provide sufficient detail for the expected costs for year 2,3,4, and 5.

SAMHSA Participant Protection:

The Committee reviewed the applicant organization's plans for ensuring confidentiality and SAMHSA participant protection and had comments about the inadequacy of the discussion of the following:

- **Protect Clients and Staff from Potential Risks:** the applicant states there is "very little likelihood" that the critiques will be tied back to individual practitioners or agencies, they need to ensure that this cannot happen. Also the application states that there are no known risks from participating.
- **Adequate Consent Procedures:** although, the application contains the key elements necessary for informed consent, it does not actually state that signed consent forms will be obtained for participation in group or individual interviews.